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Bib Data Sheet

CONFIRMATION NO. 7649

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/809,092 | <b>FILING OR 371(c) DATE</b><br>03/25/2004<br><b>RULE</b> | <b>CLASS</b><br>324 | <b>GROUP ART UNIT</b><br>2829 | <b>ATTORNEY DOCKET NO.</b><br>29318US2 |
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a DIV of 10/298,778 11/18/2002 PAT 6,771,092  
 which is a DIV of 08/847,644 04/30/1997 PAT 6,522,158

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/04/2004**

|  |                               |                            |                          |                                |  |
|--|-------------------------------|----------------------------|--------------------------|--------------------------------|--|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>1 | <b>TOTAL CLAIMS</b><br>5 | <b>INDEPENDENT CLAIMS</b><br>4 |  |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                            |                          |                                |  |
| Verified and Acknowledged  | Examiner's Signature          | Initials                   |                          |                                |  |

**ADDRESS**  
116

**TITLE**  
NON-CONTACT MOBILE CHARGE MEASUREMENT WITH LEAKAGE BAND-BENDING AND DIPOLE CORRECTION

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>856 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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